| | | | | | | | | | Application or Docket Number | | | | | | | |
|--|--|-----------------------------|-------------------|---------------|--------------|--|-------------------|-----|------------------------------|------|------------------------|----------|----------------------------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective November 10, 1998 | | | | | | | | | | | 09/284684 | | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | | SMALL ENTITY TYPE | | | OR | OTHER THAN SMALL ENTITY | | | |
| FC | PR | NUMBER FILED | | | NUMBER EXTRA | | | R/ | TE | FEE | | RATE | FEE | | | |
| ВА | SIC FEE | | | | | | | | | | 380.00 | OR | 840 | 760.00 | | |
| то | TAL CLAIMS | | / minus 20= | | | • | | | X\$ | 9= | | OR | X\$18= | | | |
| IND | EPENDENT C | AIMS | / minus 3 = | | | • | | | X39= | | | OR | X78= | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | | 415 | 30= | l | OR | +260= | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | | TO | | | OR | TOTAL | 841 | | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | .0 | 1746 | L | | OTHER | THAN | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | SM | ALL | ENTITY | OR | SMALL | | | |
| ENTA | | CLA REMA AFT AMENI | INING ER | | | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RA | ΤE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | | |
| AMENDMENT | Total | • | | Minus | | | • | | X\$ | 9= | | OR | X\$18= | | | |
| ME | Independent | ٠ | | Minus | •• | • | 8 | | ХЗ | 9= | | OR | X78= | | | |
| | FIRST PRESE | N OF MI | OF MULTIPLE DEPEN | | DENT CLAIM | | | +15 | ·n_ | | | +260= | | | | |
| | | | | | | • | | ı | | OTAL | وعد | OR | TOTAL | n . | | |
| | | | . 45 | | | 2-1 | 40-1 | . • | ADDIT | FEE | | OR | ADDIT. FEE | | | |
| | | (Colu | | r | | Column 2) HIGHEST | (Column 3) | 1 | | | 4004 | ; '' | | 4504 | | |
| AMENDMENT B | | REMA AFT AMEND | TER . | | P | NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RA | TE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | | |
| | Total | • | | Minus | ••• | • | = | | XS | 9= | | OR | X\$18= | | | |
| | Independent | • | | Minus | - | · | • | | хз | 9= | | OR | X78= | | | |
| ٧ | FIRST PRESENTATION OF MULTIPLE DEP | | | | | DENT CLAIM | | | 100 | | | | | 9. 1 | | |
| | | | | | | | | | +13 | OTAL | | OR | +260= | | | |
| | | | | | | | | | NOOIT | | | OR | ADDIT. FEE | | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | s, r | | | | *; | | | |
| AMENDMENT C | • | REMA | INING TER | - | P | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RA | TΕ | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | | |
| Ž | Total | • | | Minus | ** | | | | X\$ | 9= | | OR | X\$18= | | | |
| | Independent | • | • | Minus | | | • | | ХЗ | 9= | | | X78= | | | |
| Ľ | FIRST PRESE | DENT CLAIM | × | | | | | OR | | | | | | | | |
| | M the eater to eat. | | | | | | hema 2 | | +13 | | | OR | +260- | Salar S | | |
| - | If the entry in colu If the "Highest Nu | Imber Prev | doubly Pa | iid For IN Th | as sp | ACE is less the | n 20, enter "20." | • 7 | VOOIT. | TAL | | OR | TOTAL ADOIT, FEE | | | |
| | Yf the "Highest Nu. The "Highest Nur | | | | | | | | | | omoriate ba | r in col | | | | |